

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,711,075.66

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$3,711,075.66**

Net Claim / Payment Amount **\$3,711,075.66**

YTD Amount: **\$21,830,337.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 94,608.96

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$94,608.96**

Net Claim / Payment Amount **\$94,608.96**

YTD Amount: **\$556,535.51**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 170,301.10

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$170,301.10**

Net Claim / Payment Amount **\$170,301.10**

YTD Amount: **\$1,001,793.21**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	314,438.97
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$314,438.97
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Net Claim / Payment Amount	\$314,438.97
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YTD Amount:	\$1,849,681.71
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 606,981.03

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$606,981.03**

Net Claim / Payment Amount **\$606,981.03**

YTD Amount: **\$3,570,555.24**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	184,143.55
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$184,143.55
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Net Claim / Payment Amount	\$184,143.55
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YTD Amount:	\$1,083,221.20
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 153,341.63

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$153,341.63**

Net Claim / Payment Amount **\$153,341.63**

YTD Amount: **\$902,029.43**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,357,391.41
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$2,357,391.41
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Net Claim / Payment Amount	\$2,357,391.41
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YTD Amount:	\$13,867,313.43
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 161,406.45

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$161,406.45**

Net Claim / Payment Amount **\$161,406.45**

YTD Amount: **\$949,470.61**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 421,858.29

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$421,858.29**

Net Claim / Payment Amount **\$421,858.29**

YTD Amount: **\$2,481,573.97**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,552,558.10

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$2,552,558.10**

Net Claim / Payment Amount **\$2,552,558.10**

YTD Amount: **\$15,015,378.05**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	162,278.80
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$162,278.80
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Net Claim / Payment Amount	\$162,278.80
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YTD Amount:	\$954,602.19
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	374,362.44
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$374,362.44
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Net Claim / Payment Amount	\$374,362.44
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YTD Amount:	\$2,202,180.44
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 515,744.26

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$515,744.26**

Net Claim / Payment Amount **\$515,744.26**

YTD Amount: **\$3,033,856.55**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 109,452.38

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim \$109,452.38

Net Claim / Payment Amount \$109,452.38

YTD Amount: \$643,851.71

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,202,964.79
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$2,202,964.79
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Net Claim / Payment Amount	\$2,202,964.79
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YTD Amount:	\$12,958,901.56
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 433,381.40

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$433,381.40**

Net Claim / Payment Amount **\$433,381.40**

YTD Amount: **\$2,549,358.43**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	214,712.09
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$214,712.09
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Net Claim / Payment Amount	\$214,712.09
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YTD Amount:	\$1,263,040.10
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	161,661.62
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$161,661.62
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Net Claim / Payment Amount	\$161,661.62
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YTD Amount:	\$950,971.64
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	29,631,823.74
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$29,631,823.74
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Net Claim / Payment Amount	\$29,631,823.74
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YTD Amount:	\$174,308,681.19
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 453,905.99

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$453,905.99**

Net Claim / Payment Amount **\$453,905.99**

YTD Amount: **\$2,670,093.97**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	588,041.40
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$588,041.40
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Net Claim / Payment Amount	\$588,041.40
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YTD Amount:	\$3,459,143.19
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	110,292.58
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$110,292.58
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Net Claim / Payment Amount	\$110,292.58
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YTD Amount:	\$648,794.14
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 261,218.39

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$261,218.39**

Net Claim / Payment Amount **\$261,218.39**

YTD Amount: **\$1,536,612.56**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 763,737.38

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$763,737.38**

Net Claim / Payment Amount **\$763,737.38**

YTD Amount: **\$4,492,671.66**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 102,855.30

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$102,855.30**

Net Claim / Payment Amount **\$102,855.30**

YTD Amount: **\$605,044.51**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 107,270.99

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$107,270.99**

Net Claim / Payment Amount **\$107,270.99**

YTD Amount: **\$631,019.71**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,216,451.53

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,216,451.53**

Net Claim / Payment Amount **\$1,216,451.53**

YTD Amount: **\$7,155,754.70**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 349,464.69

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$349,464.69**

Net Claim / Payment Amount **\$349,464.69**

YTD Amount: **\$2,055,719.87**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 286,030.04

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$286,030.04**

Net Claim / Payment Amount **\$286,030.04**

YTD Amount: **\$1,682,566.68**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	8,432,156.82
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$8,432,156.82
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Net Claim / Payment Amount	\$8,432,156.82
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YTD Amount:	\$49,602,013.95
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	708,260.71
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$708,260.71
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Net Claim / Payment Amount	\$708,260.71
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YTD Amount:	\$4,166,331.18
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 148,584.68

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$148,584.68**

Net Claim / Payment Amount **\$148,584.68**

YTD Amount: **\$874,046.75**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,408,457.34

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$5,408,457.34**

Net Claim / Payment Amount **\$5,408,457.34**

YTD Amount: **\$31,815,155.06**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,333,574.43

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$3,333,574.43**

Net Claim / Payment Amount **\$3,333,574.43**

YTD Amount: **\$19,609,692.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 207,359.88

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$207,359.88**

Net Claim / Payment Amount **\$207,359.88**

YTD Amount: **\$1,219,790.83**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,474,158.44

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$5,474,158.44**

Net Claim / Payment Amount **\$5,474,158.44**

YTD Amount: **\$32,201,640.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	8,501,316.19
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$8,501,316.19
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Net Claim / Payment Amount	\$8,501,316.19
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YTD Amount:	\$50,008,842.76
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,925,914.45

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,925,914.45**

Net Claim / Payment Amount **\$1,925,914.45**

YTD Amount: **\$11,329,157.83**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,752,261.91
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$1,752,261.91
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Net Claim / Payment Amount	\$1,752,261.91
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YTD Amount:	\$10,307,649.82
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	706,792.97
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$706,792.97
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Net Claim / Payment Amount	\$706,792.97
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YTD Amount:	\$4,157,697.19
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,692,562.50

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,692,562.50**

Net Claim / Payment Amount **\$1,692,562.50**

YTD Amount: **\$9,956,469.08**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,204,789.43

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,204,789.43**

Net Claim / Payment Amount **\$1,204,789.43**

YTD Amount: **\$7,087,152.60**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,767,982.65

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$4,767,982.65**

Net Claim / Payment Amount **\$4,767,982.65**

YTD Amount: **\$28,047,573.97**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 765,684.34

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$765,684.34**

Net Claim / Payment Amount **\$765,684.34**

YTD Amount: **\$4,504,124.66**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 503,561.45

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$503,561.45**

Net Claim / Payment Amount **\$503,561.45**

YTD Amount: **\$2,962,191.36**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	96,652.39
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$96,652.39
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Net Claim / Payment Amount	\$96,652.39
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YTD Amount:	\$568,555.98
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 179,653.18

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$179,653.18**

Net Claim / Payment Amount **\$179,653.18**

YTD Amount: **\$1,056,806.68**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,049,937.53

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,049,937.53**

Net Claim / Payment Amount **\$1,049,937.53**

YTD Amount: **\$6,176,239.03**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,179,712.23

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$1,179,712.23**

Net Claim / Payment Amount **\$1,179,712.23**

YTD Amount: **\$6,939,636.44**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,337,128.28
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$1,337,128.28
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Net Claim / Payment Amount	\$1,337,128.28
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YTD Amount:	\$7,865,633.57
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	495,879.38
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$495,879.38
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Net Claim / Payment Amount	\$495,879.38
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YTD Amount:	\$2,917,001.72
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 208,125.39

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$208,125.39**

Net Claim / Payment Amount **\$208,125.39**

YTD Amount: **\$1,224,293.92**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	578,274.41
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$578,274.41
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Net Claim / Payment Amount	\$578,274.41
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YTD Amount:	\$3,401,689.02
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For assistance, please call: John Bodolay at (916) 323-2154

10/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 To 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 106,866.45

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$106,866.45**

Net Claim / Payment Amount **\$106,866.45**

YTD Amount: **\$628,640.02**

For assistance, please call: John Bodolay at (916) 323-2154

10/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,266,021.94
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$1,266,021.94
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Net Claim / Payment Amount	\$1,266,021.94
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YTD Amount:	\$7,447,351.76
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 198,890.51

Mental Health Service apportionment amount total verification for current period 103,727,653.26

Gross Claim **\$198,890.51**

Net Claim / Payment Amount **\$198,890.51**

YTD Amount: **\$1,169,969.94**

For assistance, please call: John Bodolay at (916) 323-2154

10/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,159,714.51
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$2,159,714.51
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Net Claim / Payment Amount	\$2,159,714.51
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YTD Amount:	\$12,704,482.54
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For assistance, please call: John Bodolay at (916) 323-2154

10/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400062A

PAYMENT ISSUE DATE: 10/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 09/01/2014 **To** 09/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	563,623.91
Mental Health Service apportionment amount total verification for current period	103,727,653.26

Gross Claim	\$563,623.91
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Net Claim / Payment Amount	\$563,623.91
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YTD Amount:	\$3,315,507.74
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